Rail Worker's Name:

Name of rail transport operator:

Rail Safety Worker Health Assessment
Category 1 and 2
Record for Health Professional

CONFIDENTIAL:
FOR PRIVACY REASONS THE COMPLETED FORM SHOULD BE RETAINED BY THE AUTHORISED HEALTH PROFESSIONAL AND NOT RETURNED TO THE RAIL TRANSPORT OPERATOR

PART A – Rail transport operator to complete

1. Worker / Applicant details

Family name:

First names:

Employee no:

Date of birth:

Risk Category: ☐ Category 1   ☐ Category 2

2. Category 1 pathology tests

Conducted at:

Date of appointment:

PART B – Patient consent – Worker to complete

(If required to consult with general practitioner or other treating doctor)

I,   *(print name)*   ☐ give   ☐ do not give *(please indicate)*

permission for the examining health professional to contact my treating doctor(s) to discuss or clarify information relating to my current health status.

Signature:

(1) Name of doctor:

(2) Name of doctor:

Phone:

Phone:

Rail Worker's Name:

PART C – Examination record – Authorised Health Professional to complete

1. Cardiovascular system *(refer Section 18.2)*

Medical comments

Including existing cardiovascular conditions

1.1 Blood pressure   **Repeated (if necessary)**   **Acceptable***

Systolic		Systolic		< 170 mmHg
Diastolic		Diastolic		< 100 mmHg

1.2 Pulse rate [bpm] ☐ Regular ☐ Irregular

1.3 Heart sounds ☐ Normal ☐ Abnormal

1.4 Peripheral pulses ☐ Normal ☐ Abnormal

1.5 Calculation of Cardiac Risk Level (refer Cardiovascular chapter) **(Category 1 only)** (www.cvdcheck.org.au)

Medical comments

Including other considerations e.g. physical activity, diet, symptoms, family history and past history, comorbidities, work conditions:

Risk data:

Age / sex	
Smoker: Y / N	
Blood pressure (systolic)	
Fasting cholesterol - TOTAL	
- HDL	
- Ratio	
HbA1c (diabetes) initial (greater than 53 mmol/mol (7%) regard as diabetic	
HbA1c repeat (if required)	

Stress ECG:

- Cardiac risk level 5-9% - Does overall risk assessment require Stress ECG   ☐ Yes ☐ No

- Cardiac risk level >10% - Refer for Stress ECG

1.6 Resting ECG **(Category 1 only)** ☐ Normal ☐ Abnormal

2. Diabetes *(refer Section 18.3)*

Medical comments

Including comments / evidence of control of existing diabetes

2.1 Diabetes screen

Diabetic based on HbA1c (above)	☐ Yes	☐ No
Diabetic based on self-report	☐ Yes	☐ No

2.2 Existing diabetes

Satisfactory control?	☐ Yes	☐ No
Clarke questionnaire: Less than 4 'R' responses	☐ Yes	☐ No

3. Neurological system *(refer Section 18.4)*

Medical comments

Including comments regarding management of existing neurological conditions

3.1 Is there any evidence of neurological disorder? ☐ Yes ☐ No

3.2 Is there any presence of tremor? ☐ Yes ☐ No

3.3 Balance (Romberg's test) ☐ Normal ☐ Abnormal

(A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by side, for thirty seconds)

PART C (continued)

4. **Psychological health** *(refer Section 18.5)*	**Medical comments**

4.1 K10 Questionnaire Score *(From Q8 of the Health Questionnaire)*

Including comments regarding management of existing psychiatric conditions

☐ Zone I (10-18) ☐ Fit for Duty

☐ Zone II (19-24) ☐ Fit for Duty

☐ Zone III (25-29) – Refer to GP and/or counselling ☐ Fit subject to review
  ☐ Temporarily unfit

☐ Zone IV (35-50) – Refer for assessment ☐ Temporarily unfit

4.2 Is attitude, speech and behaviour appropriate? ☐ Yes ☐ No

5. **Sleep** *(refer Section 18.6)*	**Medical comments**

5.1 Body Mass Index (BMI)

Including comments regarding management of existing sleep disorders

Weight [kg] Height [m]

BMI [ ] $BMI = Weight\ (kg) / Height\ (m)^2$

5.2 Epworth Sleepiness Score *(From Q5 of the Health Questionnaire)*

☐ Score 0-10

  ☐ No other symptoms / risk factors / incidents ☐ Fit for Duty

  ☐ Plus other symptoms / risk factors / incidents ☐ Fit subject to review
  ☐ Temporarily unfit

☐ Score 11-15

  ☐ No other symptoms / risk factors / incidents ☐ Fit for Duty

  ☐ Plus other symptoms / risk factors / incidents ☐ Fit subject to review
  ☐ Temporarily unfit

☐ Score ≥ 16 ☐ Temporarily unfit

6. **Substance misuse** *(refer Section 18.7)*	**Medical comments**

6.1 Alcohol - AUDIT Score *(From Q4 of the Health Questionnaire)*

Including comments regarding management of existing substance misuse issues

☐ Zone I (0-7) ☐ Fit for Duty

☐ Zone II (8-15) ☐ Fit for Duty

☐ Zone III (16-19) – Brief counselling ☐ Fit subject to review
  ☐ Temporarily unfit

☐ Zone IV (20-40) – Diagnostic evaluation and treatment ☐ Temporarily unfit

6.2 **Drug screen**

Not to be routinely conducted for periodic assessments. May be conducted as per relevant Australian standard for change of risk category, all new applicants and for triggered assessments if specifically ordered.

6.3 Existing substance misuse issue or other clinical findings? ☐ Yes ☐ No

Rail Worker's Name:

Senses and task specific requirements

7. Hearing (Audiometry results) *(refer Section 19.1)*

Medical comments

Are hearing aids worn? ☐ Yes ☐ No

Category 1 or 2 workers with hearing aids to be tested as per Section 19.1

	0.5 kHz	1.0 kHz	1.5 kHz	2.0 kHz
Right				
Left				

	3.0 kHz	4.0 kHz	6.0 kHz	8.0 kHz
Right				
Left				

Acceptable $\leq$ 40 dB averaged over 0.5, 1, 2 and 3 kHz in the better ear

Including comments regarding existing hearing problems.

8. Vision *(refer Section 19.2)*

Medical comments

8.1 Visual acuity

Uncorrected		Corrected	
R	**L**	**R**	**L**
6 /	6 /	6 /	6 /

Acceptable   Better eye 6/9   Worse eye 6/18

Including comments regarding existing vision problems.

Are glasses worn? ☐ Yes ☐ No

Are contact lenses worn? ☐ Yes ☐ No

8.2 Visual fields *(Confrontation to each eye)*   ☐ Normal   ☐ Abnormal

8.3 Colour vision   ☐ Required   ☐ Not required (go to Q9)

If required conduct Ishihara (≥ *3 errors / 12 screening plates is a fail)*   ☐ Pass   ☐ Fail

If fail *(as appropriate for task):*

RailCorp Lantern (Point sources) <u>OR</u>   ☐ Pass   ☐ Fail
Farnsworth D15 (Flat surfaces)   ☐ Pass   ☐ Fail

9. Musculoskeletal *(refer Section 19.3)*

Medical comments

9.1 Cervical spine movements   ☐ Normal   ☐ Abnormal

9.2 Back movements   ☐ Normal   ☐ Abnormal

9.3 Upper limbs
Appearance   ☐ Normal   ☐ Abnormal
Joint movements   ☐ Normal   ☐ Abnormal

9.4 Lower limbs
Appearance   ☐ Normal   ☐ Abnormal
Joint movements   ☐ Normal   ☐ Abnormal

9.5 Gait   ☐ Normal   ☐ Abnormal

9.6 Functional / practical assessment required?   ☐ Yes   ☐ No

Including comments regarding management of existing musculoskeletal conditions.

Note musculoskeletal requirements are task dependent.

Rail Worker's Name:

PART D – Relevant clinical findings and action

Note comments on any relevant findings detected in the questionnaire or examination, making reference to the requirements of the standard.

10. Significant findings

11. Further investigations / referral required

12. Fitness for duty classification and explanation

Tick the appropriate box coinciding with the conclusion of your assessment and provide appropriate details in the box below.

☐ Fit for Duty Unconditional

☐ Fit for Duty Conditional (describe aids to be worn)

☐ Temporarily Unfit for Duty (describe reasons, contact the rail transport operator immediately)

☐ Fit for Duty Subject to Review (describe the reasons and nominate date for review)

☐ Fit for Duty Subject to Job Modification (describe suggested alternative duties. Identify timeframes for application of modifications.)

☐ Permanently Unfit for Duty (describe the reasons)

13. Consent

Was the worker's GP contacted (with their consent)?

☐ Yes   ☐ No

Provide brief notes regarding discussion with the GP

14. Other clinical notes

Name of Doctor	**Signature of Doctor**	**Date**